

STATE OF NEW HAMPSHIRE 2018 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

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OCT 29 2018

NEW HAMPSHIRE DEPARTMENT OF STATE

PLEASE PRINT

I. Name of Lobbyist(s) <u>Eliza</u>	beth C. Sargent		
II. Name of lobbyist's partners	hip, firm or corporation, if s	ıny:	
Sheehan Phinney Capitol C	iroup		
(Name of partne	ership, firm or corporation)		
Two Eagle Square	<u>Concord</u>	<u>NH</u>	03301
Business Address: (Street)	(Town/City)	(State)	(Zip Code)
(603) <u>228-2370</u>	(603) <u>224-8899</u>	email_esargent@sheeh	lan com
(Telephone)	(Fax)	Cinan <u>Csargemasineer</u>	ian.com
III. This statement covers: (Choreportable expense transactions All reportable transactions oc	which are not attributable	rts for each client, OR you may it to any one client). the reporting date relative to the	
New Hampshire Pharmacist	s Association		
<u>UK</u>		on the Lobbyist Registration For	•
Reports cover: activity from date October	, 2018 □ of registration to 3/31/18 31, 2018 ⊠ //1/18 to 9/30/18	July 25, 2018 activity from 4/1/18 to 6/30/18 January 30, 2019 activity from 10/1/18 to 12/31/	718
V. There have been no fees recei If this box is checked, complete jus Concord, NH 03301.	ved and no reportable trans t this form and submit it to th	actions made since the last repo e Secretary of State's Office, State	rt. 🔲 House, Room 204,
Expense Reimbursement	or made expenditures, you marium or reimbursed expense	nust file Addendum A Fees and ss, you must file Addendum B ntributions, you must file Addend	Report of Honorariums or
Sworn Statement/Affirmation by I have read RSA 15, RSA 15-B and the best of my knowledge and belic	Lobbyist I RSA 664 and hereby swear		
Eyabeth Csay (Signature of lobbyist)	ent	October 31, 2018	
(Signature of 1000ytst)		(Date)	
Elizabeth C. Sargent			
Print Name of lobbyist)			



STATE OF NEW HAMPSHIRE

Lobbyists Fees and Expenses Addendum A

(RSA Chapter 15:6)

P	I.	Name of Lobbyist(s) Elizabeth C. Sargent					
L E	11	I. Name of lobbyist's partnership, firm or corporation, if any:					
A	<u>S</u>	Sheehan Phinney Capitol Group (Name of partnership, firm or corporation)					
S E							
	П	I. Name of Client New Hampshire Pharmacists Association	Date October 31, 2018				
P R							
I N	In	/. Fees Received dicate the gross amount of all fees received from the client identified above	hat are related, directly or indirectly, to lobbying				
T	1111	ncluding fees for services such as public advocacy, government relations, or public relations services including research nonitoring legislation, and related legal work. The gross fee amount reported shall not be reduced by any expenses:					
	a)	Total of all fees received in this reporting period	a) \$ <u>1,875.00</u>				
	b)	This should equal the total of all prior monthly reports for this calendar year)					
	c)	Total of all fees received to date (Add lines a and b)	c) \$ <u>5,625.00</u>				
	d)	Indicate the amount of any such fees that are duc, but have not yet been pai	d d) \$				
	Lol rep unreate and medical give less any to be	Expenses: bbyist(s)/Lobbying partnerships, firms, or corporations are required to report forts are to be filed for expenditures made relative to each client and if expenses are to be filed for expenditures made relative to each client and if expenses related to any one client a separate report may be filed for the lobbyist(s)/f egories of expenses: (a) the aggregate total of all expenses paid during the rest of office expenses; (b) the aggregate total of all individual expenses where the also purchased during a business lunch where the cost was \$25.00 or less, pure to the person being lobbied, purchase of a ceremonial object given to a si; and (c) an itemized statement of each individual expenditure made during purpose not covered by (a) (for example: purchase of a meal with value of going given to the subject of lobbying with a value greater than \$25, but not great expenses for honorariums, expense reimbursement, or political control should not be reported on Addendum A.	nditures are made by the lobbyist(s)/firm that are true. Expenses are to be reported in one of three porting period for salaries, benefits, support staff expenditure was of \$25.00 or less (for example hase of a pen with a value of less than \$10 that is person being lobbied with a value of \$25.00 or go this reporting period of greater than \$25.00 for greater than \$25, purchase of a ceremonial object ter than \$50, restaurant expenses for a legislative				
	a)	Total aggregate expenses for this reporting period for salaries, benefits, support staff, and office expenses, related directly or indirectly to lobbying.	a) \$ <u>5,693.00</u>				
	b)	Total aggregate of expenditures during this reporting period, not reported in a), of \$25 or less.	b) \$				
	c)	Total of all itemized expenditures reported in detail in section VI.	c) \$				

d)	Total expenses for this reporting period (Add lines a, b and c)	d) \$ <u>5,693.00</u>
e)	Total of expenses paid this calendar year, prior to this reporting perior. (This should be the amount on line f of addendum A for last month's	od e) \$ <u>12,142.00</u>
f)	Total of all expenses year to date	F) \$ <u>17,835.00</u>
Pro	Other Expenses: vide the following detail for all expenditures of more than \$25 made finding by whom paid or to whom charged.	rom lobbying fees during this reporting period,
Paic	! :	Amount:
		\$
Swoi	n Statement/Affirmation by Lobbyist	
l hav is tru	e read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm the and complete to the best of my knowledge and belief.	hat the foregoing information
	Gabeth Clargent arture of lobbyist)	October 31, 2018 (Date)
	Name of lobbyist)	